

Waiver of Service Period for Retirement Plan Participation For Employees hired on or after January 1, 2020

Submit completed form to: benefits@northwestern.edu Northwestern Benefits Office 720 University Place, 2nd Floor Evanston, IL 60208

Section 1: To Be Completed By Employee

Name: _____ Northwestern Date of Hire: ____/____/____

Employee ID (7-Digits On Your Wildcard): _____ Date of Birth: _____

Were you previously an employee at Northwestern University? Yes [] No []

Employees hired on or after January 1, 2020, at least 21 years old and with at least two years of benefits eligible service at Northwestern University are eligible to participate in the Retirement Plan (through Matched and Unmatched contributions). You may receive a Waiver of Service of the Retirement Plan's two years of service requirement if you are at least age 21, and you submit a completed Waiver Form documenting that you (1) were employed by a tax-exempt educational or research organization or a state educational organization (see Code Sections below) for at least a 24-consecutive month period ending 60 or fewer days before your Northwestern Date of Hire; and (2) received employer contributions under a Code Section 403(b) or 401(a) retirement plan maintained by this organization 60 or fewer days before your Northwestern Date of Hire, or would have been entitled to receive such employer contributions but for a contribution suspension adopted between March 1, 2020 and December 31, 2020.

Signature: _____ Date: _____

If this form is approved, please make elections through the myHR Portal including Investment Company, deferral and investment funds

Section 2: To Be Completed By Previous Employer

Instructions for Previous Employer: Please return completed form via email (benefits@northwestern.edu) with a subject line 403(b) Service Waiver or mail to the Northwestern Benefits Office, 720 University Place, 2nd Floor, Evanston, IL 60208. If you have questions, please contact the Northwestern Benefits Office at (847) 491-7513.

1. Employer Status: Is your organization a tax-exempt (within the meaning of Code Section 501(c)(3)) educational or research organization or state educational organization (within the meaning of Code Section 403(b)(1)(A)(ii))?

Yes [] No []

2. Last Date of Employment: Last day the employee named in Section 1 was employed by your organization:

_____/_____/_____
Month Day Year

3. Duration of Employment: Immediately prior to the Last Date of Employment noted above, was the individual named in Section 1 an employee of your organization on a consecutive basis for the prior 24 months?

Yes [] No []

4. Employer Contribution to Retirement Plan: Last day the individual named in Section 1 received employer contributions under a Code Section 403(b) or 401(a) retirement plan maintained by your organization:

_____/_____/_____
Month Day Year

Name of Organization: _____ Date: _____

Name of Person Completing this Form: _____ Phone: _____

Signature: _____ Title: _____

Date received: _____ Approved/Denied: _____ Ee contacted: _____